



SAFE ROUTES TO SCHOOL TRAINING REVIEW

Safe Routes to School Sponsor _____

Project Name _____

Contract Number _____

Name of Training _____

Location _____

Date(s) _____

Person(s) Attending _____

Name & Title _____

Name & Title _____

Purpose of Training

How will the training benefit the local Safe Routes to School Program?

Total SRTS funds to be spent _____

Total amount of funds contributed by sponsoring agency _____

Attendee Signature

Grant Sponsor Signature

Print Name

Print Name

For KYTC Office of Local Programs use only

☐ Approved

☐ Denied

Signature

Date

Print Name

Reason Denied

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